U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 8345

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1/1/04 Through: 12/31/04	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name Scott J Graser	Name United Food & Commercial Workers Llnion Local & 1 Labor Organization File Number 03/024	
	Labor Organization File Number 07/044	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 2228 Mountain View Ave.W	Street 960 E Main Street	
City University Place	City Auburn	
State Wa ZIP Code + 4 98466 - 3630	State Wa ZIP Code + 4 98002 -5617	
5. Position in labor organization.  Union rep	$\frac{1}{2} \left( \frac{1}{2} \left$	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the	
Signed	on 8-10-05 253-566-8679	
Form LM-30 (2003)	Date Telephone Number	

Name of Person Filing	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street  Street	l-revoved		
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	eksterie kirkeleide plan propos ammyrraturiospiele er et al film faktilda en kalenda lösteleide fölkel av eg T	
Name	da d	for doubles revealed	
Trade Name, if any:		processing the second s	
P.O. Box, Bldg., Room No., if any		PRANCISETYPPERA	
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.	garakkuna kurunturkun giaran menumuh silikun melamarkan diplokat telebah madalan pelak kelah terbis 1990 telebah g	
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	endennadal dipentala antanany tati padi parantany energy despedia dipentalapan terdispensa y mini danny	
Name		nionosse u anti-	
Trade Name, if any:		THE STATE OF THE S	
P.O. Box, Bldg., Room No., if any		The state of the s	
Street		unor-convenient state of the st	
		second entire the second entir	
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	, persona ricon con con con con con con con con con	